

EXHIBIT E

POST-CLOSURE SITE INSPECTION CHECKLISTS

**INSPECTION CHECKLIST
POST-CLOSURE MAINTENANCE
SESI PROPERTY CLOSURE PROJECT
OTAY MESA, SAN DIEGO, CALIFORNIA**

Date of Inspection _____

Name of Inspector _____

Fence Inspection

	<u>Yes</u>	<u>No</u>
Posted signs in readable condition	<input type="checkbox"/>	<input type="checkbox"/>
Secured fence, gate, and lock	<input type="checkbox"/>	<input type="checkbox"/>
Surveying monuments intact	<input type="checkbox"/>	<input type="checkbox"/>
Ground around fence is eroded or fence is buried more than 2 feet	<input type="checkbox"/>	<input type="checkbox"/>

Description of Damage(s): _____

Fence maintenance required: _____

The repair(s) should be attended to:

Immediately ☐ Next ☐
maintenance period

Sketch in any areas of damage on Sheet 7

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Cover Settlement and Erosion Inspection

Soil Cover

	<u>Yes</u>	<u>No</u>
Cracks (length and width)	<input type="checkbox"/>	<input type="checkbox"/>
Erosion gully (length and width)	<input type="checkbox"/>	<input type="checkbox"/>
Zones of depression	<input type="checkbox"/>	<input type="checkbox"/>
Bare vegetated areas	<input type="checkbox"/>	<input type="checkbox"/>
Dying vegetation	<input type="checkbox"/>	<input type="checkbox"/>

Description of Damage(s): _____

Cover maintenance required: _____

The repair(s) should be attended to:

Immediately

☐

Next

☐

maintenance period

Sketch in any areas of damage on Sheet 7

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Inspection for Damage from Burrowing Rodents

	<u>Yes</u>	<u>No</u>
Any holes/damage to the soil cover	<input type="checkbox"/>	<input type="checkbox"/>
Rodents present at the site	<input type="checkbox"/>	<input type="checkbox"/>
<i>Description of Damage(s):</i> _____		

<i>Maintenance required:</i> _____		

If potential damage is evident:

	<u>Yes</u>	<u>No</u>	
Has exterminator been used against rodents?	<input type="checkbox"/>	<input type="checkbox"/>	
The repair(s) should be attended to:	<input type="checkbox"/>	<input type="checkbox"/>	Next maintenance period
Sketch in any areas of damage on Sheet 7			

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Drainage System Inspection

	<u>Yes</u>	<u>No</u>
Accumulation of debris in channels and inlets	<input type="checkbox"/>	<input type="checkbox"/>
Overgrown vegetation obstructing flow	<input type="checkbox"/>	<input type="checkbox"/>
Damage to berms, roadways, or other adjacent structures	<input type="checkbox"/>	<input type="checkbox"/>
Damage or loss of stones in riprap	<input type="checkbox"/>	<input type="checkbox"/>
Cracks in asphalt concrete channel walls	<input type="checkbox"/>	<input type="checkbox"/>
Subsidence or erosion along drainage system	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of ponding on the landfill surface	<input type="checkbox"/>	<input type="checkbox"/>
Damage to Channel inlet(s)	<input type="checkbox"/>	<input type="checkbox"/>
Damage to downdrains	<input type="checkbox"/>	<input type="checkbox"/>

Description of Damage(s): _____

Drainage system maintenance required: _____

The repair(s) should be attended to:

Immediately ☐ Next ☐
 maintenance period

Sketch in any areas of damage on Sheet 7

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Groundwater Monitoring Wells and Liquid Management System

	<u>Yes</u>	<u>No</u>
Damage to protective well covers	<input type="checkbox"/>	<input type="checkbox"/>
Wells in operable condition	<input type="checkbox"/>	<input type="checkbox"/>
Damage to liquid management system conveyance or storage facilities (if any)	<input type="checkbox"/>	<input type="checkbox"/>
Liquid management system in operable condition	<input type="checkbox"/>	<input type="checkbox"/>
Leachate or groundwater springs observed on landfill or on slope	<input type="checkbox"/>	<input type="checkbox"/>

Description of Damage(s) or Leachate/Groundwater Occurrences: _____

Maintenance required: _____

The repair(s) should be attended to:

Immediately

☐

Next

☐

maintenance period

Sketch in locations of any damage on Sheet 7, write in the well number:

[illegible]

